

10-875
MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 10-875)

SERIAL N.	FILING DATE	
APPLICANT(S)	C 1937596	

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	2					
10	2					
11	2					
12	1					
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50						
TOTAL IND.	2					
TOTAL DEP.	1	1	1	1	1	1
TOTAL CLAIMS	13					

1	2	3	4
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100			
TOTAL IND.		1	1
TOTAL DEP.		1	1
TOTAL CLAIMS	13		